

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The Council of Insurance Agents &amp; Brokers Political Action Committee

ADDRESS (number and street) ▼

701 Pennsylvania Avenue, NW

Suite 750

☐ Check if different than previously reported. (ACC)

Washington

DC

20004-2608

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00039578

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
10 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer

Ken A. Crerar

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 19 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents &amp; Brokers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

|   | COLUMN A<br>This Period  | COLUMN B<br>Calendar Year-to-Date                                      |
|---|--|--|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2015</span> |  | <span style="border: 1px solid black; padding: 2px;">784975.58</span>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <span style="border: 1px solid black; padding: 2px;">1132933.31</span> |  |
| (c) Total Receipts (from Line 19) .....   | <span style="border: 1px solid black; padding: 2px;">72128.15</span>   | <span style="border: 1px solid black; padding: 2px;">1068602.39</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....   | <span style="border: 1px solid black; padding: 2px;">1205061.46</span> | <span style="border: 1px solid black; padding: 2px;">1853577.97</span> |
| 7. Total Disbursements (from Line 31) .....   | <span style="border: 1px solid black; padding: 2px;">114218.97</span>  | <span style="border: 1px solid black; padding: 2px;">762735.48</span>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | <span style="border: 1px solid black; padding: 2px;">1090842.49</span> | <span style="border: 1px solid black; padding: 2px;">1090842.49</span> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <span style="border: 1px solid black; padding: 2px;">0.00</span>       |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <span style="border: 1px solid black; padding: 2px;">0.00</span>       |  |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents &amp; Brokers Political Action Committee

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 1 | 5 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 3 | 1 |   | 2 | 0 | 1 | 5 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other<br>Than Political Committees<br>(i) Itemized (use Schedule A).....             | 56976.89                      | 943457.06                         |
| (ii) Unitemized .....  | 15151.26                      | 109645.33                         |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii))..... ►  | 72128.15                      | 1053102.39                        |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs).....  | 0.00                          | 12500.00                          |
| (d) Total Contributions (add Lines<br>11(a)(iii), (b), and (c)) (Carry<br>Totals to Line 33, page 5) ..... ► | 72128.15                      | 1065602.39                        |
| 12. Transfers From Affiliated/Other<br>Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....  | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures<br>(Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5).....  | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made<br>to Federal Candidates and Other<br>Political Committees.....            | 0.00                          | 3000.00                           |
| 17. Other Federal Receipts<br>(Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account<br>(from Schedule H3) .....  | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d),<br>12, 13, 14, 15, 16, 17, and 18(c)) ..... ►                           | 72128.15                      | 1068602.39                        |
| 20. Total Federal Receipts<br>(subtract Line 18(c) from Line 19) ..... ►                                     | 72128.15                      | 1068602.39                        |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 1018.97                       | 20728.31                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 1018.97                       | 20728.31                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 111500.00                     | 733248.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 1200.00                       | 1200.00                           |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 1200.00                       | 1200.00                           |
| 29. Other Disbursements .....  | 500.00                        | 7559.17                           |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 114218.97                     | 762735.48                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 114218.97                     | 762735.48                         |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 72128.15                      | 1065602.39                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 1200.00                       | 1200.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 70928.15                      | 1064402.39                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 1018.97                       | 20728.31                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 1018.97                       | 20728.31                          |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Patrick R Hylant**

Mailing Address 6174 Lower Shore Dr

City

Harbor Springs

State

MI

Zip Code

49740-8931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38665976

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robert A Kelleher**

Mailing Address 26196 Edinborough Circle

City

Perrysburg

State

OH

Zip Code

43551-9398

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38665977

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Mr. Dwight D Wittenberg**

Mailing Address 2728 Pemberton Dr

City

Toledo

State

OH

Zip Code

43606-2905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38665978

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Daniel D Hite**

Mailing Address 3104 Forrest Park Ave

City

Nashville

State

TN

Zip Code

37215-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown & Brown of Tennessee, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 07 / 2015

Transaction ID : 38665980

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. George A Steadman III**

Mailing Address 114 Point Lane

City

Saint Simons Island

State

GA

Zip Code

31522-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rutherford/MMA

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 07 / 2015

Transaction ID : 38665981

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael M Hylant**

Mailing Address 79 Fox Trace Ln

City

Hudson

State

OH

Zip Code

44236-3471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38665982

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen T Hylant**

Mailing Address 4346 Birch Run Dr

|      |       |            |
|------|-------|------------|
| City | State | Zip Code   |
| Troy | MI    | 48098-4338 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 09  | / | 2015    |

**Transaction ID : 38665983**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. William E Brancovsky**

Mailing Address 6253 S Applecross Rd

|                  |       |            |
|------------------|-------|------------|
| City             | State | Zip Code   |
| Highland Heights | OH    | 44143-3730 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 08  | / | 2015    |

**Transaction ID : 38665984**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Mr. J Scott S Stewart**

Mailing Address 25661 Brittany Rd

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Perrysburg | OH    | 43551-9785 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 09  | / | 2015    |

**Transaction ID : 38665985**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1041.66

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 88  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Jeannie Y Hylant**

Mailing Address 5926 Barkwood Ln

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Sylvania | OH    | 43560-2212 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2015        |

Transaction ID : 38665986

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Marc Holland**

Mailing Address 9229 Legacy Ct

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Temperance | MI    | 48182-3307 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2015        |

Transaction ID : 38665987

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steven S Bogart**

Mailing Address 2385 Evergreen Rd

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Toledo | OH    | 43606-2348 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2015        |

Transaction ID : 38665988

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)..... ►

1075.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. David G Jagodzinski**

Mailing Address 8043 Bridgehampton Dr

City State Zip Code  
 Waterville OH 43566-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38665989

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard C Hylant**

Mailing Address 2135 Hawthorne Rd

City State Zip Code  
 Ottawa Hills OH 43606-2644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38665990

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard C Hylant**

Mailing Address 2135 Hawthorne Rd

City State Zip Code  
 Ottawa Hills OH 43606-2644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38665991

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2775.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Steve J Federer**

Mailing Address 1329 Castleton Road

City

Columbus

State

OH

Zip Code

43220-3807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38665992

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas J Curtin**

Mailing Address 2931 Surrey Rd

City

Birmingham

State

AL

Zip Code

35223-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CRC Insurance Services, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 07 / 2015

Transaction ID : 38665994

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. William P Pridgeon**

Mailing Address 8146 Black Oak Dr

City

Lambertville

State

MI

Zip Code

48144-9324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2015

Transaction ID : 38665997

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1775.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John M McVey**

Mailing Address 443 Park Blvd

City

Worthington

State

OH

Zip Code

43085-3741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2015        |

**Transaction ID : 38666002**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael E Victorson**

Mailing Address 349 Medinah St.

City

Oregon

State

WI

Zip Code

53575-3839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2015        |

**Transaction ID : 38666007**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Mr. Jeffrey W Sanders**

Mailing Address 14 Hickory View Ln

City

Milford

State

OH

Zip Code

45150-5808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2015        |

**Transaction ID : 38666008**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

633.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Bradley M Croce**

Mailing Address 2073 Riverside Dr

City

Lakewood

State

OH

Zip Code

44107-5363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 13 / 2015

Transaction ID : 38666010

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Mr. Christopher S Godley**

Mailing Address 1115 Village Dr

City

Marysville

State

OH

Zip Code

43040-8335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 13 / 2015

Transaction ID : 38666011

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel B Fugazzi**

Mailing Address 5996 Round Tower Ln

City

Dublin

State

OH

Zip Code

43017-3451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666014

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

825.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Vicki L Leininger**

Mailing Address 5328 Hopkinton Dr

City

Fort Wayne

State

IN

Zip Code

46814-7549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 13    |   | 2015        |

**Transaction ID : 38666016**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Patrick S Sullivan**

Mailing Address 11601 North, 100 East

City

Ossian

State

IN

Zip Code

46777-9748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2015        |

**Transaction ID : 38666017**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Bryan M Williams**Mailing Address 1360 E 9th St  
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 08    |   | 2015        |

**Transaction ID : 38666019**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

580.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Gregory Hendricksen**

Mailing Address 828 John Nolen Drive

City

Madison

State

WI

Zip Code

53713-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666031

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Ms. Christine M Kenyon**

Mailing Address 828 John Nolen Drive

City

Madison

State

WI

Zip Code

53713-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.40

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666032

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**C. Mr. Michael J Moore**

Mailing Address 3113 W Beltline Hwy

City

Madison

State

WI

Zip Code

53713-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666033

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Gerald J Brown**

Mailing Address 3113 W Beltline Hwy

City

Madison

State

WI

Zip Code

53713-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : 38666034

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Clougherty**

Mailing Address 203 N 4th Street

City

Mount Horeb

State

WI

Zip Code

53572-1733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : 38666035

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jeffrey Ireland**

Mailing Address 3113 W Beltline Hwy

City

Madison

State

WI

Zip Code

53713-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : 38666036

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.01



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeff Knatz**

Mailing Address 1008 Freshir Ct.

City

Waunakee

State

WI

Zip Code

53597-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666037

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

**B. Mr. Sean LaBorde**

Mailing Address 104 Autumn Circle

City

Mt. Horeb

State

WI

Zip Code

53572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666038

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Mr. Bradley Niebuhr**

Mailing Address 117 Pine View Drive

City

Madison

State

WI

Zip Code

53713-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666039

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

166.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Jason Nordby**

Mailing Address 513 West Lake Street

City

Lake Mills

State

WI

Zip Code

53713-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666040

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**B. Mr. Scott Trinrud**

Mailing Address 3406 Oakwood Hills Pkwy Ste 400

City

Eau Claire

State

WI

Zip Code

54703-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666042

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**C. Mr. Cooper Jones**

Mailing Address 209 Lauderdale Rd

City

Nashville

State

TN

Zip Code

37205-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crichton Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2015

Transaction ID : 38666043

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

541.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Diane M Wilkinson**

Mailing Address 828 John Nolen Drive

City

Madison

State

WI

Zip Code

53713-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : 38666045**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Mr. Andrew D Berenzweig**

Mailing Address 4603 Brookside Rd.

City

Ottawa Hills

State

OH

Zip Code

43615-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : 38666047**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. John E Engert**

Mailing Address 2620 Henthorn Rd

City

Upper Arlington

State

OH

Zip Code

43221-3212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : 38666050**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

816.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael E Yon**

Mailing Address 4309 Village Ridge Dr.

City State Zip Code  
Mason OH 45040-6617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 13 / 2015

**Transaction ID : 38666051**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Mr. William M Scarpino**

Mailing Address 5022 Surrey Ln

City State Zip Code  
Carmel IN 46033-9365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 09 / 2015

**Transaction ID : 38666053**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Ms. Amy Olson**

Mailing Address 828 John Nolen Drive

City State Zip Code  
Madison WI 53713-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

10 / 09 / 2015

**Transaction ID : 38666058**

Amount of Each Receipt this Period

20.84

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

570.84

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 88  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald McGowan**

Mailing Address 41 Ridgeview Dr

City  
EllingtonState  
CTZip Code  
06029-3673FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown &amp; Brown, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 08    |   | 2015        |

Transaction ID : 38666060

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul Catania**

Mailing Address 5758 Williamsburg Cir

City  
HudsonState  
OHZip Code  
44236-3780FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 08    |   | 2015        |

Transaction ID : 38666068

Amount of Each Receipt this Period

52.00

Full Name (Last, First, Middle Initial)

**C. Mr. William Julius Jr.**

Mailing Address 828 John Nolen Drive

City  
MadisonState  
WIZip Code  
53713-1424FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2015        |

Transaction ID : 38666069

Amount of Each Receipt this Period

41.68

SUBTOTAL of Receipts This Page (optional)..... ▶

343.68

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 88  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Kimberly L Riley**

Mailing Address 6338 Shadow Ridge Court

City State Zip Code  
 Brentwood TN 37027-5657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2015

**Transaction ID : 38666072**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. John Preuss**

Mailing Address 505 South 24th Avenue

City State Zip Code  
 Wausau WI 54401-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

10 / 09 / 2015

**Transaction ID : 38666076**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Mr. John Healy**

Mailing Address 2896 S. Seminole Hwy. Unit 11

City State Zip Code  
 Fitchburg WI 53711-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

10 / 09 / 2015

**Transaction ID : 38666079**

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

645.84

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 88  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Edward Rapee III**

Mailing Address Riverwood Corporate Center, Buildi

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Waukesha | WI    | 53188    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 09  |   | 2015    |

Transaction ID : 38666080

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Mr. Matthew Boray**

Mailing Address N72 W28925 Fishers Landing

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Hartland | WI    | 53029-8328 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 09  |   | 2015    |

Transaction ID : 38666081

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Mr. Brandon Veit**

Mailing Address 137 E Wilson Street, Unit 612

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Madison | WI    | 53703-4080 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 09  |   | 2015    |

Transaction ID : 38666082

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

191.68

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Bob Grigas**

Mailing Address 50 E Business Way Ste 200

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Cincinnati | OH    | 45241-2397 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 09  | / | 2015    |

**Transaction ID : 38666085**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Mr. Nathan M Peterman**

Mailing Address 3104 S. Autumn Ct.

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Bloomington | IN    | 47401-9368 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 13  | / | 2015    |

**Transaction ID : 38666088**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Mr. W M Wells**

Mailing Address 4929 Deer Ridge Dr S

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Carmel | IN    | 46033-8914 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 09  | / | 2015    |

**Transaction ID : 38666089**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

825.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. JPaul Dixon**

Mailing Address 1884 Snowberry Ridge Rd

City

Ann Arbor

State

MI

Zip Code

48103-9691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2015

Transaction ID : 38666090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. David A Harlock**

Mailing Address 4714 Oak Hollow Ct

City

Dexter

State

MI

Zip Code

48130-9374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666091

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael L Waybright**

Mailing Address 445 California Ave

City

Lorain

State

OH

Zip Code

44052-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

10 / 08 / 2015

Transaction ID : 38666105

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

605.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard A Freebourn Sr.**

Mailing Address 1038 Hampstead Ln

City

Ormond Beach

State

FL

Zip Code

32174-9284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2015

Transaction ID : 38666117

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Matthew L Hubbard**

Mailing Address 8306 Admirals Landing Place

City

Indianapolis

State

IN

Zip Code

46236-9181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666119

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**c. Mr. Joseph G DuBois**

Mailing Address 10485 Penniman Drive

City

Chardon

State

OH

Zip Code

44024-8230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 08 / 2015

Transaction ID : 38666120

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert A Brewster**

Mailing Address 172 Smokewood Ct.

City

Powell

State

OH

Zip Code

43065-7210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666170

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard Twietmeyer**

Mailing Address 9340 Fawn Lane

City

Cedarburg

State

WI

Zip Code

53012-8956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

434.80

Date of Receipt

10 / 09 / 2015

Transaction ID : 38666174

Amount of Each Receipt this Period

43.48

Full Name (Last, First, Middle Initial)

**C. Mr. William F Fisher**

Mailing Address 20771 Woodstock Avenue

City

Fairview Park

State

OH

Zip Code

44126-1442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

265.68

Date of Receipt

10 / 08 / 2015

Transaction ID : 38666180

Amount of Each Receipt this Period

29.52

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

348.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Jonathan Sadlier**

Mailing Address 19910 Eldora Road

City

Rocky River

State

OH

Zip Code

44116-1949

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.12

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 08    |   | 2015        |

**Transaction ID : 38666181**

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

**B. Mr. Joel Speckman**

Mailing Address 1122 Citizen Ave.

City

Elburn

State

IL

Zip Code

60119-7809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 13    |   | 2015        |

**Transaction ID : 38666185**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Patrick D LeMire**

Mailing Address 828 John Nolen Drive

City

Madison

State

WI

Zip Code

53713-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.40

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 09    |   | 2015        |

**Transaction ID : 38666186**

Amount of Each Receipt this Period

20.84

**SUBTOTAL** of Receipts This Page (optional)..... ►

312.52

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary Beth B Basel**

Mailing Address 828 John Nolen Drive

City

Madison

State

WI

Zip Code

53713-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 09 |   |   | 2015 |   |   |   |

**Transaction ID : 38666187**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Mr. Brian M Feliciano**

Mailing Address 511 Marguerite Ave.

City

Cuyahoga Falls

State

OH

Zip Code

44221-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 08 |   |   | 2015 |   |   |   |

**Transaction ID : 38666194**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brian Dinklage**Mailing Address 250 International Parkway  
Suite 330

City

Lake Mary

State

FL

Zip Code

32746-5055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 09 |   |   | 2015 |   |   |   |

**Transaction ID : 38666197**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

388.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Nixon**

Mailing Address 4323 McGirts Blvd.

City State Zip Code  
 Jacksonville FL 32210-5940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015

**Transaction ID : 38666198**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jeffrey Steckbauer**

Mailing Address 505 S. 24th Avenue

City State Zip Code  
 Wausau WI 54401-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : 38666206**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Ms. Kelly Jaap**

Mailing Address 8980 Eagles Ridge Drive

City State Zip Code  
 Tallahassee FL 32312-4055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown & Brown, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2015

**Transaction ID : 38666213**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

791.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott Marshall**

Mailing Address 701 B St  
Suite 2100

City State Zip Code  
San Diego CA 92101-8101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arrowhead General Insurance Agency, Inc

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2015

**Transaction ID : 38666215**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. David W Paul**

Mailing Address 301 Pennsylvania Pkwy Ste 201

City State Zip Code  
Indianapolis IN 46280-1396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2015

**Transaction ID : 38666219**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Mr. Keith A Berry**

Mailing Address Riverwood Corporate Center, Buildi

City State Zip Code  
Waukesha WI 53188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.80

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : 38666228**

Amount of Each Receipt this Period

21.68

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

796.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Matthew R Deininger**

Mailing Address Riverwood Corporate Center, Buildi

City State Zip Code  
Waukesha WI 53188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : 38666229**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Mr. John M Weisinger**

Mailing Address Riverwood Corporate Center, Buildi  
PO Box 8950

City State Zip Code  
Waukesha WI 53188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : 38666233**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Paillet**

Mailing Address 12222 Merit Drive, Four Forest Pla  
Suite 1230

City State Zip Code  
Dallas TX 75251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prescott Paillet Benefits

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2015

**Transaction ID : 38666241**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

591.67



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Curtis V Iorio**

Mailing Address 24 Frank Lloyd Wright Dr Ste J4100

City State Zip Code  
 Ann Arbor MI 48105-9755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015

**Transaction ID : 38666253**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Mr. Timothy R Johnson**

Mailing Address 17 Alida Place

City State Zip Code  
 Ramsey NJ 07446-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Acrisure

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : 38666259**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Chelle Schuler**

Mailing Address 1357 E. Lassen Ave

City State Zip Code  
 Chico CA 95973-7824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

InterWest Insurance Services,LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : 38666270**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. James K Brady**Mailing Address 1031 W 4th Ave  
Suite 400

City Anchorage State AK Zip Code 99501-5905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marsh

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 13    | / | 2015        |

**Transaction ID : 38666275**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. James K Brady**Mailing Address 1031 W 4th Ave  
Suite 400

City Anchorage State AK Zip Code 99501-5905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marsh

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 13    | / | 2015        |

**Transaction ID : 38666276**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brian H Cook**Mailing Address 7077 Bonneval Road  
Ste. 120

City Jacksonville State FL Zip Code 32216-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 13    | / | 2015        |

**Transaction ID : 38666279**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2275.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald E Bowles**

Mailing Address 6326 Glendora Ave

City State Zip Code  
 Dallas TX 75230-5123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation  
 Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 30 2015

**Transaction ID : 38766549**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. John W Liske**

Mailing Address 8144 Walnut Hill Lane  
 Suite 1600

City State Zip Code  
 Dallas TX 75231-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation  
 Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 30 2015

**Transaction ID : 38766550**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. James J Balaguer**

Mailing Address 17427 Beech Grove Trl

City State Zip Code  
 Chagrin Falls OH 44023-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Oswald Companies (HQ)

Occupation  
 Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 23 2015

**Transaction ID : 38766551**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Marc S Byrnes**

Mailing Address 3040 Topping Ln

City State Zip Code  
 Chagrin Falls OH 44022-6680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Oswald Companies (HQ)

Occupation  
 Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 23 2015

**Transaction ID : 38766553**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Dina L Daniele**

Mailing Address 1 Penn Sq W  
 The Graham Building

City State Zip Code  
 Philadelphia PA 19102-4826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Graham Company (HQ), The

Occupation  
 Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 20 2015

**Transaction ID : 38766554**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. John Fulkerson**

Mailing Address 8144 Walnut Hill Lane  
 Suite 1600

City State Zip Code  
 Dallas TX 75231-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation  
 Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 30 2015

**Transaction ID : 38766556**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 88

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents &amp; Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Thomas J Rodell

Mailing Address 619 S Dwyer St

|                   |       |            |
|-------------------|-------|------------|
| City              | State | Zip Code   |
| Arlington Heights | IL    | 60005-2262 |

FEC ID number of contributing federal political committee.

C

Name of Employer  
Aon Risk Services (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 16    | / | 2015        |

Transaction ID : 38766557

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. James H Bonner

Mailing Address 1 Penn Sq W  
The Graham Building

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Philadelphia | PA    | 19102-4826 |

FEC ID number of contributing federal political committee.

C

Name of Employer  
Graham Company (HQ), The

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 16    | / | 2015        |

Transaction ID : 38766560

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. Greg Rimling

Mailing Address 8144 Walnut Hill Lane  
Suite 1600

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75231-4337 |

FEC ID number of contributing federal political committee.

C

Name of Employer  
McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 30    | / | 2015        |

Transaction ID : 38766563

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. Michael Hoad**

Mailing Address 8144 Walnut Hill Lane  
Suite 1600

City State Zip Code  
Dallas TX 75231-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766564**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. David M Kulchar**

Mailing Address 21711 Woodfield Trl

City State Zip Code  
Strongsville OH 44136-9204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : 38766566**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Dane O Leavitt**

Mailing Address 242 S 200 W

City State Zip Code  
Cedar City UT 84720-3375

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Leavitt Group (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : 38766569**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 39 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Dane O Leavitt**

Mailing Address 242 S 200 W

City

Cedar City

State

UT

Zip Code

84720-3375

FEC ID number of contributing federal political committee.

C

Name of Employer

The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 3 | 0 |   | 2 | 0 | 1 | 5 |   |   |

**Transaction ID : 38766570**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. William M Wolff**

Mailing Address 2404 Manchester Blvd

City

Toledo

State

OH

Zip Code

43606-2401

FEC ID number of contributing federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 1 |   | 2 | 0 | 1 | 5 |   |   |

**Transaction ID : 38766571**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Mr. Craig S Markos**

Mailing Address 7446 Balfoure Cir

City

Dublin

State

OH

Zip Code

43017-8257

FEC ID number of contributing federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 1 |   | 2 | 0 | 1 | 5 |   |   |

**Transaction ID : 38766572**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

825.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Gerard J Lynott**

Mailing Address 2302 Kate Cir

City

Hudson

State

OH

Zip Code

44236-4226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 23 / 2015

**Transaction ID : 38766573**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. T. Grey Kennedy**

Mailing Address 6000 Freedom Square Drive  
Suite 400

City

Independence

State

OH

Zip Code

44131-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 23 / 2015

**Transaction ID : 38766577**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert K Moss**

Mailing Address 3625 Brown Street

City

Dallas

State

TX

Zip Code

75219-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McQueary Henry Bowles Troy, L.L.P. (HQ

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 30 / 2015

**Transaction ID : 38766580**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Daniel Bowers**

Mailing Address 2720 Black Diamond Ter

|                  |       |            |
|------------------|-------|------------|
| City             | State | Zip Code   |
| Colorado Springs | CO    | 80918-1570 |

FEC ID number of contributing  
federal political committee.

C

|                                    |                  |
|------------------------------------|------------------|
| Name of Employer                   | Occupation       |
| CIA-Leavitt Insurance Agency, Inc. | Insurance Broker |

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 15    | / | 2015        |

**Transaction ID : 38766581**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Mr. Daniel Bowers**

Mailing Address 2720 Black Diamond Ter

|                  |       |            |
|------------------|-------|------------|
| City             | State | Zip Code   |
| Colorado Springs | CO    | 80918-1570 |

FEC ID number of contributing  
federal political committee.

C

|                                    |                  |
|------------------------------------|------------------|
| Name of Employer                   | Occupation       |
| CIA-Leavitt Insurance Agency, Inc. | Insurance Broker |

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 30    | / | 2015        |

**Transaction ID : 38766582**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Ms. Alma Franzoy-Capron**

Mailing Address HC 31 Box 200

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Hatch | NM    | 87937-9707 |

FEC ID number of contributing  
federal political committee.

C

|                               |                  |
|-------------------------------|------------------|
| Name of Employer              | Occupation       |
| Leavitt Group Southwest, Inc. | Insurance Broker |

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 15    | / | 2015        |

**Transaction ID : 38766585**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Alma Franzoy-Capron**

Mailing Address HC 31 Box 200

City  
Hatch

State  
NM

Zip Code  
87937-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leavitt Group Southwest, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766586**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kirk Johnson**

Mailing Address 8144 Walnut Hill Lane  
Suite 1600

City  
Dallas

State  
TX

Zip Code  
75231-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766599**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mike Buttrey**

Mailing Address 8144 Walnut Hill Lane  
Suite 1600

City  
Dallas

State  
TX

Zip Code  
75231-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766600**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Lance Leslie**

Mailing Address 8144 Walnut Hill Lane  
Suite 1600

City State Zip Code  
Dallas TX 75231-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766601**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Donald J Thompson Jr.**

Mailing Address 515 S 5th St

City State Zip Code  
Zionsville IN 46077-1745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766606**

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael D Uglijesa**

Mailing Address 8259 Michelle Lane

City State Zip Code  
Lambertville MI 48144-9582

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766607**

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

364.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 88  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John H McDermott**

Mailing Address 5826 Winslow Rd

City State Zip Code  
 Whitehouse OH 43571-9188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2015

**Transaction ID : 38766608**

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kent S Brown**

Mailing Address 2411 Lake Ridge Drive

City State Zip Code  
 Fort Wayne IN 46804-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2015

**Transaction ID : 38766610**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark L Rader**

Mailing Address 8966 Lake View Dr

City State Zip Code  
 Olmsted Falls OH 44138-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2015

**Transaction ID : 38766612**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

444.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffrey M Wasserman**

Mailing Address 37300 Fairmount Blvd.

City

Chagrin Falls

State

OH

Zip Code

44022-7600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 22    | / | 2015        |

**Transaction ID : 38766613**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Wade T Nowlin Jr.**Mailing Address 8144 Walnut Hill Lane  
Suite 1600

City

Dallas

State

TX

Zip Code

75231-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 30    | / | 2015        |

**Transaction ID : 38766615**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Tom P Ellis III**Mailing Address 8144 Walnut Hill Lane  
Suite 1600

City

Dallas

State

TX

Zip Code

75231-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 30    | / | 2015        |

**Transaction ID : 38766616**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1800.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 88  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark A Miller**

Mailing Address 1091 Beacon Hill Dr

City State Zip Code  
Dexter MI 48130-9001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.96

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766617**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. Mr. Walter R Fawcett III**

Mailing Address 310 Macalpin Ct

City State Zip Code  
Barrinton IL 60010-6426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4452.44

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766619**

Amount of Each Receipt this Period

416.68

Full Name (Last, First, Middle Initial)

**C. Mr. Mitchell C Andrews**

Mailing Address 28 Hidden Brook Dr  
Suite 300

City State Zip Code  
North Barrington IL 60010-6914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plexus Groupe LLC (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2190.74

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766620**

Amount of Each Receipt this Period

219.28

**SUBTOTAL** of Receipts This Page (optional)..... ►

677.96

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. William H Lacey**

Mailing Address 5321 Pebblebrook Dr

City  
Dallas

State  
TX

Zip Code  
75229-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plexus Groupe LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1796.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766621**

Amount of Each Receipt this Period

166.68

Full Name (Last, First, Middle Initial)

**B. Mrs. Christina L Robbins**

Mailing Address 1016 Arbor Court

City

Mount Prospect

State

IL

Zip Code

60056-4477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766622**

Amount of Each Receipt this Period

33.34

Full Name (Last, First, Middle Initial)

**C. Mr. Jeffrey E Brogan**

Mailing Address 5823 Sand Shell Court

City

Dallas

State

TX

Zip Code

75252-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plexus Groupe LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766623**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.02

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Patrick J McDaniel**

Mailing Address 50243 Livingston Drive

City  
NorthvilleState  
MIZip Code  
48168-6804FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.68

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 21    | / | 2015        |

**Transaction ID : 38766624**

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

**B. Mr. Carmen E Edgehouse Jr**

Mailing Address 36107 Astoria Way

City  
AvonState  
OHZip Code  
44011-3449FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 23    | / | 2015        |

**Transaction ID : 38766625**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rick Jarrell**Mailing Address 8144 Walnut Hill Lane  
Suite 1600City  
DallasState  
TXZip Code  
75231-4337FEC ID number of contributing  
federal political committee.

C

Name of Employer

McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 30    | / | 2015        |

**Transaction ID : 38766626**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

541.68

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Stacey L Lemons**

Mailing Address 6541 Shady Brook Ln

City State Zip Code  
 Dallas TX 75206-4493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roach Howard Smith & Barton, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : 38766627**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robert T Monard**

Mailing Address 4261 Morgan Pl.

City State Zip Code  
 Perrysburg OH 43551-2194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.68

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : 38766628**

Amount of Each Receipt this Period

16.68

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Harris**

Mailing Address 8144 Walnut Hill Lane  
 Suite 1600

City State Zip Code  
 Dallas TX 75231-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : 38766629**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

566.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Kurt Meinberg**

Mailing Address 1138 Fireside Trail

City State Zip Code  
 Broadview Hts OH 44147-3625

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Oswald Companies (HQ) Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2015

**Transaction ID : 38766630**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. James R Lash Jr.**

Mailing Address 11661 Big Bone Rd

City State Zip Code  
 Union KY 41091-9635

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Hylant Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.24

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2015

**Transaction ID : 38766633**

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel K Fening**

Mailing Address 17614 Walnut Trl

City State Zip Code  
 Chagrin Falls OH 44023-6415

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Hylant Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.92

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2015

**Transaction ID : 38766636**

Amount of Each Receipt this Period

22.92

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

346.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Lowell B Price**

Mailing Address 15649 Myers Rd

City

Marysville

State

OH

Zip Code

43040-8911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766639**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Adam D Balls**

Mailing Address 817 Riley Ln

City

Monroe

State

OH

Zip Code

45050-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766644**

Amount of Each Receipt this Period

22.92

Full Name (Last, First, Middle Initial)

**C. Mr. David Orloff**

Mailing Address 46441 Shaker Blvd

City

Beachwood

State

OH

Zip Code

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : 38766646**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

342.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Neil Quinn**

Mailing Address 104 Waverly Ln

City

Chagrin Falls

State

OH

Zip Code

44022-4178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2015

Transaction ID : 38766647

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dale A Kaposy**

Mailing Address 7072 Cornell Ln

City

Mentor

State

OH

Zip Code

44060-5176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 23 / 2015

Transaction ID : 38766648

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. Glenn D Morrison**

Mailing Address 1015 Gaslight Drive

City

Algonquin

State

IL

Zip Code

60102-3213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 30 / 2015

Transaction ID : 38766649

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 88  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeff Barnesky**

Mailing Address 5713 Corey Cv

City State Zip Code  
Sylvania OH 43560-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 21 2015

**Transaction ID : 38766652**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark D Holloway**

Mailing Address 2029 Chesnut Cresent

City State Zip Code  
Saline MI 48176-1668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.32

Date of Receipt

M M / D D / Y Y Y Y Y  
10 21 2015

**Transaction ID : 38766655**

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin M O'Donnell**

Mailing Address 2401 West Big Beaver Road  
Suite 400

City State Zip Code  
Troy MI 48084-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.92

Date of Receipt

M M / D D / Y Y Y Y Y  
10 21 2015

**Transaction ID : 38766657**

Amount of Each Receipt this Period

22.92

**SUBTOTAL** of Receipts This Page (optional)..... ►

66.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert D Heller**

Mailing Address 529 Olivia Way

City

Lafayette Hill

State

PA

Zip Code

19444-2243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alpha Benefits

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2015

**Transaction ID : 38766658**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen P Ligus**

Mailing Address 4207 Keswick Drive

City

Brunswick

State

OH

Zip Code

44212-7006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766661**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kirk Rule**

Mailing Address 7217 Via Lomas

City

San Jose

State

CA

Zip Code

95139-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leavitt Pacific Insurance Brokers

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : 38766680**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

305.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Todd Toner**

Mailing Address 500 Hogan Circle

City

Durango

State

CO

Zip Code

81301-6236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Schild-Leavitt Insurance Agency, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : 38766717**

Amount of Each Receipt this Period

16.50

Full Name (Last, First, Middle Initial)

**B. Mr. Todd Toner**

Mailing Address 500 Hogan Circle

City

Durango

State

CO

Zip Code

81301-6236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Schild-Leavitt Insurance Agency, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766718**

Amount of Each Receipt this Period

16.50

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Kenney**

Mailing Address 306 South 800 West

City

Cedar City

State

UT

Zip Code

84720-3037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : 38766724**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

48.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 88

(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Kenney**

Mailing Address 306 South 800 West

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Cedar City | UT    | 84720-3037 |

FEC ID number of contributing federal political committee.

C

Name of Employer  
Leavitt Group (HQ), The

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2015

Transaction ID : 38766725

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Mr. Geoffrey Isaac**

Mailing Address 2715 Crabtree Lane

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Northbrook | IL    | 60062-3412 |

FEC ID number of contributing federal political committee.

C

Name of Employer  
Plexus Groupe LLC (HQ), The

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2015

Transaction ID : 38766728

Amount of Each Receipt this Period

26.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael R Mann**

Mailing Address 364 Prospect Avenue

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Glen Ellyn | IL    | 60137-4955 |

FEC ID number of contributing federal political committee.

C

Name of Employer  
Plexus Groupe LLC (HQ), The

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2015

Transaction ID : 38766729

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.34



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 88  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eddie Taylor Jr.**

Mailing Address 693 McKee Trail

City State Zip Code  
 Hinckley OH 44233-9209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oswald Companies (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : 38766731**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Miss Laura Flynn**

Mailing Address 17330 Preston Rd  
 Ste 200B

City State Zip Code  
 Dallas TX 75252-6076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plexus Groupe LLC, The

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : 38766734**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Ms. Rebecca A Stewart**

Mailing Address 4326 Westway St

City State Zip Code  
 Toledo OH 43612-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hylant Group (HQ)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : 38766736**

Amount of Each Receipt this Period

23.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

343.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. Robert Barss**

Mailing Address 85 Campau Avenue NW  
Suite 100

City State Zip Code  
Grand Rapids MI 49503-2720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766737**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Guylaine Donovan**

Mailing Address 85 Campau Avenue NW  
Suite 100

City State Zip Code  
Grand Rapids MI 49503-2720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766738**

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

## **C. Mr. John M Tichar**

Mailing Address 17927 Canterbury Road

City State Zip Code  
Cleveland OH 44119-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Oswald Companies (HQ)

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : 38766740**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

571.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas C Madison**

Mailing Address 3583 Westcott Drive SE

City State Zip Code  
 Ada MI 49301-8633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : 38766742**

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

**B. Ms. Paula Selvaggio Kovach**

Mailing Address 12900 Brockway Dr

City State Zip Code  
 Valley View OH 44125-5541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Selvaggio, Teske & Associates

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : 38766749**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael W Farago**

Mailing Address 20495 Walnut Valley Road

City State Zip Code  
 Wellington OH 44090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Oswald Companies (HQ)

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : 38766750**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

774.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 88  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Ms. Andria Herr**

Mailing Address 250 International Parkway  
Suite 330

City State Zip Code  
Lake Mary FL 32746-5055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766753**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Ken Enlow**

Mailing Address 250 International Parkway  
Suite 330

City State Zip Code  
Lake Mary FL 32746-5055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766754**

Amount of Each Receipt this Period

22.92

Full Name (Last, First, Middle Initial)

## **C. Mr. Joe Curtis**

Mailing Address 2401 West Big Beaver Road  
Suite 400

City State Zip Code  
Troy MI 48084-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766755**

Amount of Each Receipt this Period

22.92

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 88  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. Steve Downs**

Mailing Address 2401 West Big Beaver Road  
Suite 400

City State Zip Code  
Troy MI 48084-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.92

Date of Receipt

10 / 21 / 2015

**Transaction ID : 38766756**

Amount of Each Receipt this Period

22.92

Full Name (Last, First, Middle Initial)

## **B. Mr. Mike Nixon**

Mailing Address 2401 West Big Beaver Road  
Suite 400

City State Zip Code  
Troy MI 48084-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

10 / 21 / 2015

**Transaction ID : 38766759**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

## **C. Mr. David FitzSimons**

Mailing Address 2401 West Big Beaver Road  
Suite 400

City State Zip Code  
Troy MI 48084-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2015

**Transaction ID : 38766760**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

314.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 88  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. Gregory A Nemmers**

Mailing Address 85 Campau Avenue NW  
Suite 100

City State Zip Code  
Grand Rapids MI 49503-2720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.64

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766763**

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

## **B. Mr. Wayne Emery**

Mailing Address 8 Cadillac Drive  
Suite 230

City State Zip Code  
Brentwood TN 37027-5392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766770**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Daniel B Cox**

Mailing Address 301 Commerce St Ste 2201  
City Center II

City State Zip Code  
Fort Worth TX 76102-4140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

MHBT Inc.

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766774**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

566.68

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Travis Sartain**Mailing Address 8144 Walnut Hill Lane  
Suite 1600

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Dallas | TX    | 75231-4337 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 30    | / | 2015        |

**Transaction ID : 38766775**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Vicki Griffis**Mailing Address 7077 Bonneval Road  
Suite 550

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Jacksonville | FL    | 32216-6055 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 21    | / | 2015        |

**Transaction ID : 38766778**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Joseph Wieligman**

Mailing Address 4615 Farmington Rd.

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Toledo | OH    | 43623-2633 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.68

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 21    | / | 2015        |

**Transaction ID : 38766779**

Amount of Each Receipt this Period

41.68

**SUBTOTAL** of Receipts This Page (optional)..... ▶

311.68

**TOTAL** This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 88  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. Christopher Pelkey**

Mailing Address 150 North Wacker Dr.  
Suite 1500

City State Zip Code  
Chicago IL 60606-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.16

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766780**

Amount of Each Receipt this Period

16.68

Full Name (Last, First, Middle Initial)

## **B. Mr. Jared Pope**

Mailing Address 6125 Penrose

City State Zip Code  
Dallas TX 75214-3039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plexus Groupe LLC, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766782**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Brian F Griffin**

Mailing Address 21805 Field Parkway, Suite 300

City State Zip Code  
Deer Park IL 60010-3231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plexus Groupe LLC (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766783**

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.68

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Patrick McCain**

Mailing Address 3011 Armory Dr Ste 250

City

Nashville

State

TN

Zip Code

37204-3747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crichton Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 23 / 2015

Transaction ID : 38766784

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Morgan R West Jr**

Mailing Address 1026 Del Rio Way

City

Moraga

State

CA

Zip Code

94556-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dealey, Renton & Associates

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 20 / 2015

Transaction ID : 38766785

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. David W Bostick**

Mailing Address 250 International Parkway  
Suite 330

City

Lake Mary

State

FL

Zip Code

32746-5055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.96

Date of Receipt

10 / 21 / 2015

Transaction ID : 38766792

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. Scott Carlton**

Mailing Address 85 Campau Avenue NW  
Suite 100

City State Zip Code  
Grand Rapids MI 49503-2720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766795**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Jason A Freeman**

Mailing Address 24 Frank Lloyd Wright Dr Ste J4100

City State Zip Code  
Ann Arbor MI 48105-9755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hylant

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.16

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766797**

Amount of Each Receipt this Period

229.16

Full Name (Last, First, Middle Initial)

## **C. Ms. Susan F Arnold**

Mailing Address Oswald Centre  
1100 Superior Avenue, Suite 1500

City State Zip Code  
Cleveland OH 44114-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Oswald Companies (HQ)

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : 38766802**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

552.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 88  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Brad Bennett**

Mailing Address 998 South 1500 East

|                |       |            |
|----------------|-------|------------|
| City           | State | Zip Code   |
| Salt Lake City | UT    | 84105-1652 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leavitt Group Insurance AdvisorsOccupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.50

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 09    | / | 2015        |

**Transaction ID : 38766803**

Amount of Each Receipt this Period

38.45

Full Name (Last, First, Middle Initial)

**B. Mr. Gordon Brown**

Mailing Address 635 S Sego Lily Circle

|                 |       |            |
|-----------------|-------|------------|
| City            | State | Zip Code   |
| North Salt Lake | UT    | 84054-3355 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leavitt Group Insurance AdvisorsOccupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 09    | / | 2015        |

**Transaction ID : 38766804**

Amount of Each Receipt this Period

65.30

Full Name (Last, First, Middle Initial)

**C. Mr. Rob Ferguson**

Mailing Address 547 Happy Hollow Rd

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Kaysville | UT    | 84037-1663 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leavitt Group Insurance AdvisorsOccupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.30

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 09    | / | 2015        |

**Transaction ID : 38766806**

Amount of Each Receipt this Period

58.03

**SUBTOTAL** of Receipts This Page (optional)..... ►

161.78

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. Rick Fielding**

Mailing Address 2620 Casto Lane

City State Zip Code  
Salt Lake City UT 84117-6303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leavitt Group Insurance Advisors

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

993.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : 38766807**

Amount of Each Receipt this Period

99.39

Full Name (Last, First, Middle Initial)

## **B. Mr. Scott Fielding**

Mailing Address 465 S 400 E  
Suite 300

City State Zip Code  
Salt Lake City UT 84111-3349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GBS Benefits, Inc. (Leavitt)

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : 38766808**

Amount of Each Receipt this Period

43.01

Full Name (Last, First, Middle Initial)

## **C. Mr. Mark Johnson**

Mailing Address 1264 Woodward Place

City State Zip Code  
West Jordan UT 84088-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leavitt Group Insurance Advisors

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : 38766811**

Amount of Each Receipt this Period

34.38

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

176.78

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Tim King**

Mailing Address 205 N. Vernal Ave

City

Vernal

State

UT

Zip Code

84078-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leavitt Group Insurance of Vernal

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.10

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 09 |   |   | 2015 |   |   |   |

**Transaction ID : 38766812**

Amount of Each Receipt this Period

387.10

Full Name (Last, First, Middle Initial)

**B. Mr. Jeff Kluge**

Mailing Address 5955 Mountain Ranch Dr

City

Park City

State

UT

Zip Code

84098-6177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leavitt Group of Wasatch-Summit

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.70

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 09 |   |   | 2015 |   |   |   |

**Transaction ID : 38766813**

Amount of Each Receipt this Period

807.70

Full Name (Last, First, Middle Initial)

**C. Ms. Sue Luman**

Mailing Address 235 North Blake Court

City

Logan

State

UT

Zip Code

84321-6767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leavitt Group of Northern Utah, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.50

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 09 |   |   | 2015 |   |   |   |

**Transaction ID : 38766814**

Amount of Each Receipt this Period

260.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

145.53

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Don McKean**

Mailing Address 6074 Oak Canyon Dr

City

Salt Lake City

State

UT

Zip Code

84121-6361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leavitt Group Insurance Advisors

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.90

Date of Receipt

10 / 09 / 2015

Transaction ID : 38766815

Amount of Each Receipt this Period

50.29

Full Name (Last, First, Middle Initial)

**B. Ms. Laura Peifer**

Mailing Address 2721 E. Canton Lane

City

Sandy

State

UT

Zip Code

84092-7126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leavitt Group Insurance Advisors

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.80

Date of Receipt

10 / 09 / 2015

Transaction ID : 38766816

Amount of Each Receipt this Period

27.68

Full Name (Last, First, Middle Initial)

**C. Ms. Shauna Romine**

Mailing Address 5944 W Southern Cross Court

City

Highland

State

UT

Zip Code

84003-3668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leavitt Group Insurance Advisors

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.10

Date of Receipt

10 / 09 / 2015

Transaction ID : 38766817

Amount of Each Receipt this Period

22.11

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 88

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott Stewart**Mailing Address 465 S 400 E  
Suite 300

|                |       |            |
|----------------|-------|------------|
| City           | State | Zip Code   |
| Salt Lake City | UT    | 84111-3349 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GBS Benefits, Inc. (Leavitt)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.50

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 09    | / | 2015        |

**Transaction ID : 38766820**

Amount of Each Receipt this Period

80.55

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Wagner**

Mailing Address 10833 S Blossom Tree Ln

|       |       |            |
|-------|-------|------------|
| City  | State | Zip Code   |
| Sandy | UT    | 84070-5317 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leavitt Group Insurance Advisors

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.30

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 09    | / | 2015        |

**Transaction ID : 38766821**

Amount of Each Receipt this Period

32.03

Full Name (Last, First, Middle Initial)

**C. Mr. Greg Lopez**Mailing Address Oswald Centre  
1100 Superior Avenue, Suite 1500

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Cleveland | OH    | 44114-2544 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 23    | / | 2015        |

**Transaction ID : 38766822**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

362.58

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Ms. Peggy Bass**

Mailing Address 17330 Preston Rd  
Ste 200B

City State Zip Code  
Dallas TX 75252-6076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plexus Groupe LLC, The

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766824**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Sean Brogan**

Mailing Address 1 Penn Sq W

City State Zip Code  
Philadelphia PA 19102-4826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graham Company (HQ), The

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : 38766961**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Jerry Alderman**

Mailing Address 99 High St Fl 13

City State Zip Code  
Boston MA 02110-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marsh Inc.

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2015

**Transaction ID : 38766962**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph Holden**

Mailing Address 1 Penn Sq W

City  
Philadelphia

State Zip Code  
PA 19102-4826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Graham Company (HQ), The

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : 38766964**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Rebecca Parker**

Mailing Address 6900 Alder Cove

City  
Austin

State Zip Code  
TX 78750-8161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MHBT Inc.

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : 38766965**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Bill Farran**

Mailing Address 701 B St

City  
San Diego

State Zip Code  
CA 92101-8101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arrowhead General Insurance Agency, In

Occupation  
Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766967**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 88

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joy Justus**

Mailing Address 4457 Willow Rd

City State Zip Code  
Pleasanton CA 94588-8572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ThinkHR

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : 38766968**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Justin White**

Mailing Address 1100 Superior Avenue, Suite 1500

City State Zip Code  
Cleveland OH 44114-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2015

**Transaction ID : 38766970**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**C. Joshua Fragoso**

Mailing Address 1100 Superior Avenue, Suite 1500

City State Zip Code  
Cleveland OH 44114-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2015

**Transaction ID : 38766971**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1075.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 OF 88

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Matthew Hylant**

Mailing Address 811 Madison Ave Fl 11

City State Zip Code  
Toledo OH 43604-5626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : 38766977**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Melanie Holman**

Mailing Address 1100 Superior Avenue, Suite 1500

City State Zip Code  
Cleveland OH 44114-2544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : 38766981**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Louis J Roi**

Mailing Address 150 North Wacker Dr.

City State Zip Code  
Chicago IL 60606-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hylant

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : 38767047**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 76 OF 88  
 (check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. William Hayes**

Mailing Address 1811 High Grove Lane

City

Naperville

State

IL

Zip Code

60540-3932

FEC ID number of contributing federal political committee.

C

Name of Employer

Esser Hayes Insurance Group, Inc

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 07    |   | 2015        |

Transaction ID : 38767048

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ms. Aida Visakay**
Mailing Address 20 Commerce Drive  
2nd Floor

City

Cranford

State

NJ

Zip Code

07016-3617

FEC ID number of contributing federal political committee.

C

Name of Employer

Herbert L. Jamison &amp; Co., LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

0.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 06    |   | 2015        |

Transaction ID : 38768107

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)

**C. Mr. James K Brady**
Mailing Address 1031 W 4th Ave  
Suite 400

City

Anchorage

State

AK

Zip Code

99501-5905

FEC ID number of contributing federal political committee.

C

Name of Employer

Marsh

Occupation

Insurance Broker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 14    |   | 2015        |

Transaction ID : 38768108

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

56976.89

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

The Council of Insurance Agents & Brokers Political Action Committee

### A. Bank of America

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M' and shows the number '10'. The second display is labeled 'D' and shows the number '05'. The third display is labeled 'Y' and shows the year '2015'.

001

32.50

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

## B. Authorize.Net

MM / DD / YYYY

001

45.00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### C. PayPal, Inc.

001

Amount of Each Disbursement this Period

708.04

Category/  
Type

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:  District:

785.54

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

The Council of Insurance Agents & Brokers Political Action Committee

**A. ANYBILL**

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : 38721943

233.43

**B.**

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

**C.**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

Category/  
Type

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Amount of Each Disbursement this Period

233.43

1018.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 88

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steve Israel For Congress Committee**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 19    |   | 2015        |

Mailing Address P.O. Box 1400

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Melville | NY    | 11747    |

**Transaction ID : 38765551**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Steve J. Israel**Category/  
Type

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|  |
|--|
| Disbursement For: 2016   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: NY District: 03

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Mike Crapo for US Senate**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2015        |

Mailing Address PO Box 1948

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Boise | ID    | 83701    |

**Transaction ID : 38765552**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Mike Crapo**Category/  
Type

|                |  |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |

|  |
|--|
| Disbursement For: 2016   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: ID District:

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Roger Williams For U S Congress Committee**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2015        |

Mailing Address P.O. Box 91061

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78709    |

**Transaction ID : 38765731**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Roger Williams**Category/  
Type

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

|  |
|--|
| Disbursement For: 2016   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: TX District: 25

|         |
|---------|
| 2500.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 88

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Deb Fischer For Us Senate Inc**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 28    |   | 2015      |

Mailing Address 5555 South St

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Lincoln | NE    | 68506    |

**Transaction ID : 38765740**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Debra Fischer**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE

District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 28    |   | 2015      |

**B. Pittenger For Congress Llc**

Mailing Address PO Box 11207

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Charlotte | NC    | 28220    |

**Transaction ID : 38765741**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Robert Pittenger**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 09

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 28    |   | 2015      |

**C. Crowley for Congress**Mailing Address 50 E Street, SE  
Suite 1

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20003    |

**Transaction ID : 38765745**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Joseph Crowley**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 07

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 88

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Common Sense Colorado PAC**

Mailing Address PO Box 1978

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Denver | CO    | 80201    |

Purpose of Disbursement

011

Candidate Name

Category/  
Type

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

Disbursement For:

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 28    |   | 2015      |

**Transaction ID : 38766060**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Dakota Praire PAC**

Mailing Address 420 C Street, NE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20002    |

Purpose of Disbursement

011

Candidate Name

Category/  
Type**Dakota Praire PAC**

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

Disbursement For:

|  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |                                  |

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 28    |   | 2015      |

**Transaction ID : 38766228**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Donnelly For Indiana**

Mailing Address 1050 17th St Nw Ste 590

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20036    |

Purpose of Disbursement

011

Candidate Name

Category/  
Type**Sen. Joe Simon Donnelly Sr.**

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

Disbursement For: 2018

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State: IN District: 02

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 28    |   | 2015      |

**Transaction ID : 38766437**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|          |
|----------|
| 12500.00 |
|----------|

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 88

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Kelly Ayotte Inc**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 28    |   | 2015      |

Mailing Address PO Box 937

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Manchester | NH    | 03105    |

**Transaction ID : 38766438**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Kelly Ayotte**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH

District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 28    |   | 2015      |

**B. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Springfield | MA    | 01108    |

**Transaction ID : 38766439**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Richard E. Neal**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District: 01

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 28    |   | 2015      |

**C. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Springfield | MA    | 01108    |

**Transaction ID : 38766440**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Richard E. Neal**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA

District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

2500.00

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 88

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carolyn Maloney for Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2015        |

Mailing Address 24 East 93rd Street  
Suite 4B

City New York State NY Zip Code 10128

Purpose of Disbursement

011

**Transaction ID : 38766441**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Candidate Name

**Carolyn B. Maloney**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 14

Full Name (Last, First, Middle Initial)

**B. Carolyn Maloney for Congress**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2015        |

Mailing Address 24 East 93rd Street  
Suite 4B

City New York State NY Zip Code 10128

Purpose of Disbursement

011

**Transaction ID : 38766442**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Candidate Name

**Carolyn B. Maloney**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 14

Full Name (Last, First, Middle Initial)

**C. Friends Of Sherrod Brown**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2015        |

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

**Transaction ID : 38766444**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name

**Sen. Sherrod Brown**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 88

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steve Israel For Congress Committee**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2015        |

Mailing Address P.O. Box 1400

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Melville | NY    | 11747    |

**Transaction ID : 38766445**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Steve J. Israel**Category/  
Type

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

Disbursement For: 2016

|  |   |
|--|---|
| <input type="checkbox"/> Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |   |

State: NY District: 03

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
|         |  |  |  |  |  |  |  |  |  |
| 5000.00 |  |  |  |  |  |  |  |  |  |

Full Name (Last, First, Middle Initial)

**B. Wyden for Senate**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2015        |

Mailing Address P.O. Box 3498

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Portland | OR    | 97208    |

**Transaction ID : 38766447**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Ron Wyden**Category/  
Type

|                |  |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |

Disbursement For: 2016

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State: OR District:

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
|         |  |  |  |  |  |  |  |  |  |
| 1000.00 |  |  |  |  |  |  |  |  |  |

Full Name (Last, First, Middle Initial)

**C. Texans For Henry Cuellar Congressional Campaign**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2015        |

Mailing Address 1519 Washington Street  
Suite 200

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Laredo | TX    | 78040    |

**Transaction ID : 38766464**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Henry Cuellar**Category/  
Type

|                |   |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
|                | <input type="checkbox"/> Senate           |
|                | <input type="checkbox"/> President        |

Disbursement For: 2016

|   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State: TX District: 28

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
|         |  |  |  |  |  |  |  |  |  |
| 2500.00 |  |  |  |  |  |  |  |  |  |

**SUBTOTAL** of Disbursements This Page (optional)..... ►

8500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 88

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Taylor Griffin For Congress**

Mailing Address 310 Village Green Drive

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| New Bern | NC    | 28562    |

Purpose of Disbursement

011

Candidate Name

**William Griffin**Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 03

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 28    |   | 2015      |

**Transaction ID : 38766466**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. She Should Run**

Mailing Address 718 7th Street NW, 2nd Floor

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20001    |

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 28    |   | 2015      |

**Transaction ID : 38766474**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Mailing Address 425 2nd Street NE

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20002    |

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10    |   | 30    |   | 2015      |

**Transaction ID : 38767606**

Amount of Each Disbursement this Period

|          |
|----------|
| 45000.00 |
|----------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

52500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 88

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**The Council of Insurance Agents & Brokers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carper For Senate**

Mailing Address PO Box 2882

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Wilmington | DE    | 19805    |

Purpose of Disbursement

011

Candidate Name

**Sen. Thomas R. Carper**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2015        |

**Transaction ID : 38767607**

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Carper For Senate**

Mailing Address PO Box 2882

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Wilmington | DE    | 19805    |

Purpose of Disbursement

011

Candidate Name

**Sen. Thomas R. Carper**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 28    |   | 2015        |

**Transaction ID : 38767609**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

111500.00

|  |     |   |     |  |     |  |     |  |    |  |     |
|--|-----|---|-----|--|-----|--|-----|--|----|--|-----|
|  | 21b |   | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|  | 27  | X | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

The Council of Insurance Agents & Brokers Political Action Committee

Category/  
Type

1000.00

Category/  
TypeCategory/  
Type

1000.00

|  |     |  |     |  |     |  |     |  |      |  |     |
|--|-----|--|-----|--|-----|--|-----|--|------|--|-----|
|  | 21b |  | 22  |  | 23  |  | 24  |  | 25   |  | 26  |
|  | 27  |  | 28a |  | 28b |  | 28c |  | X 29 |  | 30b |

The Council of Insurance Agents & Brokers Political Action Committee

### A. The Goodwin Committee

Date of Disbursement

Transaction ID : 38766475

011

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

| Food Item | Number of People |
|-----------|------------------|
| Pizza     | 500.00           |
| Pasta     | 400.00           |
| Sandwich  | 300.00           |
| Salad     | 200.00           |
| Soup      | 100.00           |

**B.**

Date of Disbursement

### Purpose of Disbursement

Candidate Name

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

**C.**

Date of Disbursement

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

### Purpose of Disbursement

Candidate Name

Category/  
Type

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

500.00

**TOTAL** This Period (last page this line number only).....

500.00